

「殘疾人士登記證」申請表

編號:
No.:
(供有關部門填寫 Official Use Only)

Application for "Registration Card for People with Disabilities"

備註: 本證是發給自願提供個人資料的人士, 申請人如未能提供所需的個人資料, 本申請表可能會不獲受理。

Note: Provision of personal data in this form is entirely voluntary. Your application may not be considered if you fail to provide the personal data required.

個人資料 Personal Particulars	
姓名(中文)	Name (English)
姓氏先行	Surname first
(姓名以下述的香港身份證 / 出生證明書 / 其他身份證明文件為準) (Enter the same name as appears on your Hong Kong Identity Card / Birth Certificate / other document(s) of identity shown below)	
香港身份證 / 護照 / 出生證明書*號碼 (請提供有關身份證明文件的副本)	
Hong Kong Identity Card / Passport / Birth Certificate* No.	()
(Please provide a copy of the relevant document of identity)	
或其他身份證明文件 (請註明) Other document(s) of identity (Please specify)	
性別	出生日期
Sex	Date of Birth
男 Male <input type="checkbox"/>	日 Day
女 Female <input type="checkbox"/>	月 Month
	年 Year
住址 Address	
(為方便紀錄, 請盡量提供英文地址)(Please enter in block letters)	
Flat/Room 室	Floor 樓
	Block 座
Building 大廈	
Road/Street No., Road/ Street/ Housing Estate 街道號碼, 街道/屋	
District/Area 區	HK 香港 KLN 九龍 NT 新界
通訊地址 Correspondence Address (如與上址不同) (If different from the address given above)	
	HK 香港 KLN 九龍 NT 新界
聯絡電話號碼 Tel. No.	傳真號碼 Fax No.
	供有關部門填寫 Official use only
	<input type="checkbox"/> PE <input type="checkbox"/> TM (EDate:)

殘疾類別 Type(s) of Disability	
(申請人必須提供每類殘疾的證明文件副本, 例如由醫生或專業醫療人員簽發的證明書等, 該證明文件須註明殘疾類別及程度, 以及有關殘疾情況可能持續的時間。如屬多類殘疾人士, 可選「✓」兩個或以上方格。)	
(Please attach copy(ies) of documentary evidence for each reported disability, e.g. certificates issued by doctors or allied health personnel. Such documentary evidence should specify the type(s) and degree of disability and the duration for which the disabling condition is likely to last. If multi-disabled, select "✓" two or more boxes.)	
1. 聽障 Hearing impairment	<input type="checkbox"/> 聽力損失 > 70 分貝 Hearing loss > 70dB
	<input type="checkbox"/> 聽力損失 41-70 分貝 Hearing loss 41-70dB
	<input type="checkbox"/> 聽力損失 26-40 分貝 Hearing loss 26-40dB
2. 視障 Visual impairment	<input type="checkbox"/> 嚴重低視力至全盲 Severe low vision to totally blind
	<input type="checkbox"/> 中度低視力 Moderate low vision
	<input type="checkbox"/> 輕度低視力 Mild low vision
3. 肢體傷殘 Physical handicap	<input type="checkbox"/> 嚴重 Severe
	<input type="checkbox"/> 中度 Moderate
	<input type="checkbox"/> 輕度 Mild
4. 言語障礙 Speech impairment	<input type="checkbox"/>
5. 智障 Intellectual disability	<input type="checkbox"/> 極度嚴重 Profound
	<input type="checkbox"/> 嚴重 Severe
	<input type="checkbox"/> 中度 Moderate
	<input type="checkbox"/> 輕度 Mild
6. 精神病 Mental illness	<input type="checkbox"/> 精神病 Psychosis
	<input type="checkbox"/> 神經官能病 Neurosis
	<input type="checkbox"/> 其他心理失常 Other mental disorders
7. 自閉症 Autism	<input type="checkbox"/>
8. 器官殘障/長期病患 Visceral disability/Chronic illness	<input type="checkbox"/> 請註明: Please specify:
9. 注意力不足/過度活躍症 Attention Deficit/Hyperactivity Disorder	<input type="checkbox"/>
10. 特殊學習困難 Specific Learning Difficulties	<input type="checkbox"/>

@ 相片規定可參閱申請指引第四段(a)項 Please see Section IV(a) of the Guidance Notes for photograph requirement.

本人現 首次申請 / 換領 / 補領# 「殘疾人士登記證」，並授權「康復服務中央檔案室」使用本人的個人資料，包括殘疾類別，作為發證及其他在「殘疾人士登記證申請指引」中所述的用途。

I wish to apply for a new / renewal / replacement# issue of the Registration Card for People with Disabilities and authorise the Central Registry for Rehabilitation (CRR) to use my personal data including type(s) of disability for the purpose of issuing the Registration Card, and other purposes and functions as specified in the Guidance Notes for application of the Registration Card for People with Disabilities.

簽署： _____ 日期： _____
Signature: _____ Date: _____

姓名 (正楷)： _____ * 先生 / 小姐 / 女士 / 太太

Name (Block letters): * Mr / Miss / Ms / Mrs _____

香港身份證號碼： _____ 聯絡電話號碼： _____
HK ID Card No.: _____ () Tel. No.: _____

如屬代申請人申領登記證者，請填報此欄。

Please complete this column if you apply on behalf of the applicant.

本人/我們代表 (申請人姓名) _____，香港身份證號碼： _____ ()
首次申請 / 換領 / 補領# 「殘疾人士登記證」，並已經取得上述申請人的同意授權「康復服務中央檔案室」使用他/她的個人資料，包括殘疾類別，作為發證及其他在「殘疾人士登記證申請指引」中所述的用途。

I/ We, on behalf of (applicant's name) _____, HK ID Card No. _____ () wish to apply for a new / renewal / replacement# issue of the Registration Card for People with Disabilities, and have sought the consent of the applicant to authorise the Central Registry for Rehabilitation (CRR) to use his/her personal data including type(s) of disability for the purpose of issuing the Registration Card, and other purposes and functions as specified in the Guidance Notes for application of the Registration Card for People with Disabilities.

簽名： _____ 日期： _____
Signature: _____ Date: _____

姓名 (正楷)： _____ * Mr/Miss/Ms/Mrs _____ *先生/小姐/女士/太太
Name (Block letters): _____

香港身份證號碼： _____ 聯絡電話號碼： _____
HK ID Card No.: _____ () Tel. No.: _____

與申請者關係 (例如合法監護人、父母)： _____
Relationship with applicant (e.g. legal guardian, parent): _____

機構名稱 (如適用)： _____
Name of Agency (If applicable): _____

* 請刪去不適用者 Delete where appropriate

請先參閱指引第四段(c)項有關補領登記證的須知。Please refer to Section IV(c) of the Guidance Notes for details of replacement.

查閱個人資料 Access to Personal Data

根據個人資料 (私隱) 條例第 18 和 22 條以及該條例附表一有關保障資料第六原則的規定，你有權要求查閱和修改康復服務中央檔案室所保存關於你的個人資料。在繳交費用後，便可索取你個人資料的副本。如欲查詢有關個人資料的管理，包括要求查閱或修改你的個人資料，請聯絡本檔案室：

You have a right to request access to and correction of your personal data as provided for in sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data kept in the Central Registry for Rehabilitation subject to payment of a fee. Enquiries on the management of personal data, including making of access and correction to your personal data, should be addressed to:

香港添馬添美道二號
政府總部西翼 11 樓
勞工及福利局
康復服務中央檔案室
電話: 2810 3859 / 2810 3861
傳真: 2543 0486

Central Registry for Rehabilitation
Labour and Welfare Bureau
11/F, West Wing, Central Government Offices,
2 Tim Mei Avenue, Tamar, Hong Kong
Tel.: 2810 3859 / 2810 3861
Fax: 2543 0486

致康復服務中央檔案室主管 (請遞交本文件**正本**) :

Officer-in-charge, Central Registry for Rehabilitation, (please submit this **original copy**),

殘疾人士登記證—傷殘類別證明書 (CRR4)

Certification of Disability Type for Registration Card for People with Disabilities

姓名 : _____ 性別 : 男 女
Name _____ Sex M F

身份證明文件及號碼 :

Document of Identity and No. _____

謹此證明上述人士的殘疾類別 :

This is to certify that the above named person suffers from the following type(s) of disability:

(如屬多類殘疾人士, 可選「✓」兩個或以上方格。If multi-disabled, select 「✓」 two or more boxes.)

1. 聽覺受損 Hearing impairment	<input type="checkbox"/> 聽力損失 > 70 分貝 Hearing loss > 70dB	<input type="checkbox"/> 聽力損失 41-70 分貝 Hearing loss 41-70dB	<input type="checkbox"/> 聽力損失 26-40 分貝 Hearing loss 26-40dB	
2. 視覺受損 Visual impairment	<input type="checkbox"/> 嚴重低視力至全盲 Severe low vision to totally blind	<input type="checkbox"/> 中度低視力 Moderate low vision	<input type="checkbox"/> 輕度低視力 Mild low vision	
3. 肢體傷殘 Physical handicap	<input type="checkbox"/> 嚴重 Severe	<input type="checkbox"/> 中度 Moderate	<input type="checkbox"/> 輕度 Mild	
4. 言語障礙 Speech impairment	<input type="checkbox"/>			
5. 智障 Intellectual disability	<input type="checkbox"/> 極度嚴重 Profound	<input type="checkbox"/> 嚴重 Severe	<input type="checkbox"/> 中度 Moderate	<input type="checkbox"/> 輕度 Mild
6. 精神病 Mental illness	<input type="checkbox"/> 精神病 Psychosis	<input type="checkbox"/> 神經官能病 Neurosis	<input type="checkbox"/> 其他心理失常 Other mental disorders	
7. 自閉症 Autism	<input type="checkbox"/>			
8. 器官殘障/長期病患 Visceral disability/ Chronic illness	<input type="checkbox"/> 請註明 : _____ Please specify: _____			
9. 注意力不足/過度活躍症 Attention Deficit/ Hyperactivity Disorder	<input type="checkbox"/>			
10. 特殊學習困難 Specific Learning Difficulties	<input type="checkbox"/>			

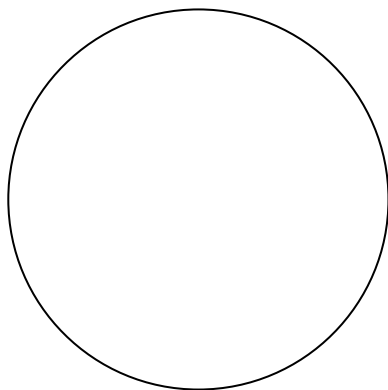
根據 (日期) _____ 的評估, 上述的殘疾狀況有可能持續 :

According to the assessment conducted on (date) _____, the disabling condition is likely to last for:

- 少於或等於 12 個月
less than or equal to 12 months
- 多於 12 個月但少於或等於 24 個月
more than 12 months but less than or equal to 24 months
- 多於 24 個月
more than 24 months

備註 :

Remarks _____



醫生簽名 : _____ Signature of Doctor
醫生正楷姓名 : _____ Name of Doctor (Block Letter)

機構負責人 / 專業醫療人員* 簽名 : _____
Signature of Allied Health Professional / Office-in-charge*

機構負責人 / 專業醫療人員* 正楷姓名 : _____
Name of Allied Health Professional / Office-in-charge* (Block Letter)

請列明所屬專業 : _____
Please specialised field

機構 / 醫院* 名稱 : _____
Name of Organisation / Hospital

聯絡電話號碼 : _____
Tel. No.

機構 / 醫院* 蓋印 (必須)
Organisation / Hospital* Chop (is required)

日期 : _____
Date

*請刪去不適用者 Delete where appropriate

“殘疾人士登記證”申請指引

I. 引言

殘疾人士登記證（下稱“登記證”）是發給身體機能永久傷殘或暫時受損的人士，後者是指身體機能暫時受損的情況會影響該等人士的日常生活、其參與經濟和社會活動的能力，及／或會使其行動不便，而且需要較長時間才能康復。發出此證的目的，是讓持證人在有需要時出示登記證以證明其本身的殘疾身份及類別。登記證並非一張優惠證或信用咭。

自二零零五年第二季簽發的登記證，附有持證人的照片，並註明有效日期(只適用於身體機能暫時受損及/或年齡少於 11 歲的兒童和少於 18 歲的青少年持證人)。所有在二零零五年第二季前發出的登記證(舊證)經已無效。如需換領新證，申請手續與下文第 IV 段(a)項所述安排相同。

II. 申請資格

各類殘疾人士，包括聽覺受損、視覺受損、言語障礙、肢體傷殘、自閉症、精神病、智障、器官殘障／長期病患、注意力不足/過度活躍症及特殊學習困難，均可申領登記證。

III. 可提出申請的人士

殘疾人士本人可提出申請，或由其他相關人士(例如殘疾人士的親友、有關政府部門或非政府機構的職員)代為提出申請。如殘疾人士未滿 18 歲，則應由其父母、監護人或委任人士代為提出申請。

IV. 簽發登記證

a. **新證** - 申請人須填妥申請表(CRR3)，連同證明每類殘疾的文件副本，例如由醫生或專業醫療人員簽發的證明書(亦可使用申請表夾附的回條(CRR4)正本)，以及申請人的身份證明文件影印本及一張彩色近照[#]，一併寄交下列地址：

香港添馬添美道二號
政府總部西翼 11 樓
勞工及福利局
康復服務中央檔案室

[#]照片的背景應無任何裝飾，照片的要求與申請特區護照的類同。

登記證載有持證人姓名、性別、照片和殘疾類別，是為方便識別持證人的身份及防止他人濫用該證。

申請表格可向康復服務中央檔案室、各有關的非政府康復機構或各區民政事務處索取，亦可從勞工及福利局網頁(<http://www.lwb.gov.hk>)下載。在申請表上提供個人資料，純屬自願性質。不過，若未能提供表格上所需的個人資料，則康復服務中央檔案室可能因而未能處理有關申請。

b. **續證** - 只有身體機能暫時受損及其登記證上註有有效日期的人士，才須續領新證。一般而言，這類登記證的有效期限為兩年，由持證人士提供的有關證明文件的簽發日期起計算。持證人須於該證有效日期屆滿前兩個月內，提出續證申請，否則該證件到期後便會自動失效。申請人須填妥申請表格，連同登記證正本以及證明身體機能暫時受損(與證上所列的殘疾類別一致)的有效證明文件副本，例如醫生證明書或專業醫療人員簽發的證明文件(亦可使用申請表夾附的回條(CRR4)正本)，一併寄回上述地址。

續證的規定同樣適用於年滿 11 歲的兒童和年滿 18 歲的人士。有關人士須分別在年滿 11 歲和 18 歲的兩個月內，提出續證申請，提出申請時須遞交彩色近照[#]一張及最新的身份證明文件副本。
([#]近照必須符合第 IV 段(a)項所述的要求。)

[註：為求識別永久傷殘和身體機能暫時受損，除非另有醫生證明，否則，器官殘障／長期病患及肢體傷殘人士(不包括永久傷殘的輪椅使用者)會被分類為身體機能‘暫時’受損人士，並須定期提供上文所述的有效證明文件，以定期覆核持證人的身體機能受損情況。

在判斷長期病患／器官殘障或肢體傷殘類別時，取決因素在於受損程度而非診斷結果，釐定準則如下 -

- (i) 就長期病患／器官殘障而言，釐定準則是着重於殘疾的嚴重程度，是否足以影響個人的基本生活，例如參與社會及經濟活動的能力，包括就業能力、社交活動、日常生活起居和個人的行動，及需較長的康復期。
- (ii) 就肢體傷殘而言，釐定準則是着重於是否有暫時性中軸骨骼和四肢機能障礙，因而引致行動不便的問題。

基於以上的定義，中風、肢體癱瘓、風濕性關節炎、腰背痛、多發性硬化病、肌肉萎縮症、脊髓小腦性共濟失調及脊柱裂，將被分類為肢體傷殘而非長期病患。]

c. **補領失證** - 持證人須填妥並交回申請表格(CRR3)，並附上一封解釋補領理由的信件，一併寄回。

倘申請人符合以上的簽發條件，登記證便會以郵遞方式發出。康復服務中央檔案室保留向申請人簽發、註銷及收回登記證的權利。

V. 收費

首次簽發新證或續領登記證，均無須繳費。

但若補領失證或要求更改登記證上的個人資料，則須繳交港幣 35 元補領費，收費會按時調整。請用支票或本票繳付費用，抬頭請註明「香港特別行政區政府」。

VI. 康復服務中央檔案室搜集資料所作用途

勞工及福利局康復服務中央檔案室為政府及非政府機構搜集及整理有關本港殘疾人士的統計數據，以供策劃及研究康復服務之用。所有個人資料將會保密處理，不會向其他人士或機構透露，而向外披露的資料僅為一些綜合統計數字。

除非登記人清楚表明同意向授權的機構或組織提供其個人資料，包括其殘疾類別，康復服務中央檔案室才會向有關機構發放有關資料。

VII. 查詢

如對簽發殘疾人士登記證新證、續證、補領失證及有關事宜有任何疑問，可致電 2810 3859、2810 3861 或 2810 3841 查詢。

政府總部
勞工及福利局
康復組
二零一一年十月

Guidance Notes on Application for the “Registration Card for People with Disabilities”

I. INTRODUCTION

The Registration Card for People with Disabilities (“the Card”) is issued to persons who have been found to have suffered from a disability(ies) which is permanent in nature, or of a temporary nature but the severity of the disability affects one’s major life activities, participation in economic and social activities, and/or mobility, and which takes significantly longer than normal to rehabilitate. The purpose of the Card is to enable the cardholder to produce, when necessary, as a documentary proof of his/her disability status. It is **NOT** a privilege card or a credit card.

Since the second quarter of 2005, a new card bearing the photograph of the cardholder and an expiry date has been introduced (applicable only to cardholders whose disability is temporary in nature and/or children/juveniles below the age of 11 & 18 respectively). The Cards issued prior to this date are invalid. For renewal, please refer to the application procedure in Section IV(a) below.

II. WHO CAN APPLY

Any person who has been found to suffer from a disability, including Hearing Impairment, Visual Impairment, Speech Impairment, Physical Handicap, Autism, Mental Illness, Intellectual Disability, Visceral Disability/Chronic Illness, Attention Deficit/Hyperactivity Disorder, and Specific Learning Difficulties may apply for the Card.

III. APPLICATION

Applications may be made by the persons with disabilities themselves or by a third party (e.g. any relatives or friend, or staff of relevant government departments or non-governmental organizations) on their behalf. In the case of a child with disabilities under the age of 18, the application should be made on his behalf by his parent or legal guardian.

IV. CARD ISSUE

a. **For new issue** – Applicant should complete and return the application form (CRR3) together with copy(ies) of relevant document(s) certifying his/her disability(ies), for example, certificates issued by doctors or allied health personnel (or make use of the proforma (CRR4) attached to the application form); a copy of his/her document of identity and a recent colour photograph# to the following address –

**Central Registry for Rehabilitation (CRR)
Labour and Welfare Bureau
11/F, West Wing, Central Government Offices,
2 Tim Mei Avenue, Tamar, Hong Kong**

#The photograph should have a plain background with requirements similar to that for the application of the HKSAR Passport.

The purpose of printing the name, sex, photograph and type(s) of disability of the cardholder on the Card is to facilitate correct identification of the cardholder and to prevent abuse of the Card by persons other than the cardholder.

The application form can be obtained from the CRR, relevant non-governmental organizations on rehabilitation or District Offices of the Home Affairs Department. It can also be downloaded from the Labour and Welfare Bureau's homepage (<http://www.lwb.gov.hk>). Provision of personal data in the form is entirely voluntary. However, the CRR may not be able to process an application if any of the personal data required on the form is not provided.

b. For renewal – This is only required of cardholders whose disability condition is of a temporary nature and their cards bear an expiry date. Normally, upon first issue, a validity period of two years is allowed for cardholders suffering from non-permanent disability, counting from the date of the relevant documentary evidence. Cardholder should submit his/her application for renewal within two months from the expiry date as shown on his/her card else his/her card will be invalidated automatically. Applicant should complete and return the application form together with original Card and copy(ies) of valid documentary evidence certifying the named disability(ies) in his/her card, such as certificates issued by doctors, or certification signed by allied health personnel (or make use of the proforma (CRR4) attached to the application form).

The renewal mechanism is also applicable to children/juveniles upon attaining the age of 11 and 18 respectively. The concerned child/juvenile should submit his/her renewal request together with a recent colour photograph# and a copy of his/her most recent document of identity within 2 months after his/her 11th and 18th birthday respectively. (#The photograph should fulfil the requirements as mentioned in Section IV(a)).

[Note: For the purpose of classification, except proved otherwise medically, Visceral Disability (VD)/Chronic Illness (CI) and Physical Handicap (PH) (except those wheelchair users whose disabling condition has been certified as “permanent”) will be categorised as “temporary”, subject to periodic review upon production of valid documentary evidence as mentioned above.

In determining VD/CI or PH, the deciding factor will be the degree of impairment rather than the diagnosis per se, as follows –

(i) For VD/CI, the focus will be on the degree of severity of the disease, which should be significant enough to affect major life activities such as participation in social and economic activities e.g. employment, social functions, daily life maintenance, mobility, and the condition should take significantly longer than normal to rehabilitate.

(ii) For PH, the focus will be on the disabling physical condition, which is caused by temporary dysfunction of axial skeleton and extremities leading to mobility problems. On the basis of the above definition, stroke, paralysis of limb, rheumatoid arthritis, low back pain and Multiple Sclerosis, Progressive Neuro-muscular Disease, Spino-cerebellar Ataxia and Spina Bifida, will be classified as PH rather than CI.]

c. **For replacement of lost cards** – Cardholders should complete and return the application form (CRR3) together with a letter stating the reasons for the replacement.

Subject to meeting the issuing criteria as detailed above, the Card will be sent to the successful applicants by post. The CRR reserves the right to issue, cancel and reclaim the Card from registrants.

V. FEES

No fee is charged for new issue and renewal of the Card that bears an expiry date.

For replacement of lost cards and change of personal data printed on the Card, a replacement fee of HK\$35, which is subject to adjustment, has to be paid by cheque. For replacement of lost cards, please send in the cheque payable to “HKSAR Government” together with the completed application form.

VI. PURPOSES AND FUNCTIONS OF THE DATA COLLECTED BY CRR

The CRR of the Labour and Welfare Bureau collects and compiles data on people with disabilities in Hong Kong with a view to providing statistics on disability to government departments and non-governmental organizations for planning rehabilitation services and research purposes. The personal data provided will be kept confidential and will not be disclosed to any other persons or organizations except in the form of summary statistics.

Upon the express agreement of a registrant, his/her own data, including type(s) of disability, may be released to a third party or organizations authorized by the registrant concerned.

VII. ENQUIRIES

Enquiries on matters relating to the Card can be made at telephone numbers 2810 3859, 2810 3861 or 2810 3841.

Rehabilitation Team
Labour and Welfare Bureau
Government Secretariat

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